Fage: 2 of 4

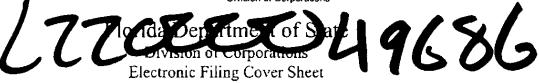
2022-02-09 12:50:53 CST

12122023573

From: Lexus Wingo

2/9/22, 1.48 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220000532073)))



H220000532073ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)573-3996 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

FLORIDA LIMITED LIABILITY CO. JS Master, LLC

Certificate of Status	0
Certified Copy	U
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JS Master, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
3749 Ascot Bend Court	3749 Ascot Bend Court
Bonita Springs, FL 34134	Bonita Springs, FL 34134

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

John J. Masterson		
	Name	- -
3749 Ascot Bend Co	ourt	
Florida street addres	s (P.O. Box NOT acc	eptable)
Bonita Springs	Florida	34134
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. 1 further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

A	R	TI	C	LĖ	IV-
---	---	----	---	----	-----

TOT 1 11 F 1	and the state of t	 Land to the Control of the Control of
ine name and address of each	person authorized to manage and	I control the Limited Liability Company:

"AMBR" = Authorized Member "MGR" = Manager MGR	John J. Masterson
_	John I Macterson
MGR	John 1 Macterson
•	
	3749 Ascot Bend Court
	Bonita Springs, FL 34134
MCD	en two
MGR	Sharon L. Masterson 3749 Ascot Bend Court
	Bonita Springs, FL 34134
·	
(Use attachment if necessary)	
	ecific and cannot be more than five business days prior to or 90 day
of filing.) If the date inserted in this block does not r ument's effective date on the Department	neet the applicable statutory filing requirements, this date will not be I
of filing.) f the date inserted in this block does not r ment's effective date on the Department	neet the applicable statutory filing requirements, this date will not be I
of filing.) f the date inserted in this block does not r ment's effective date on the Department	neet the applicable statutory filing requirements, this date will not be I
of filing.) f the date inserted in this block does not r ment's effective date on the Department	neet the applicable statutory filing requirements, this date will not be I
of filing.) If the date inserted in this block does not rument's effective date on the Department LE VI: Other provisions, if any. REQUIRED SIGNATURE:	neet the applicable statutory filing requirements, this date will not be I of State's records.
of filing.) If the date inserted in this block does not rument's effective date on the Department LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a mathematical response of the company of the comp	neet the applicable statutory filing requirements, this date will not be I
e of filing.) If the date inserted in this block does not rument's effective date on the Department LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a mathematical process of the content of the content is executed in a second of the content is executed.	ember or an authorized representative of a member. led in accordance with section 605.0203 (1) (b); Florida Statutes. entermination submitted in a document to the Department of State e felony as provided for in s:817.155, F.S.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)